## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/073,261

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |               |                               |                              |                  |    | SMALL ENTITY TYPE   |                        |       | OTHER<br>SMALL      |                        |  |
|---|--|---|---------------|-------------------------------|------------------------------|------------------|----|---------------------|------------------------|-------|---------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 26            |                               |                              |                  |    | RATE                | FEE                    |       | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED  |                               | NUMB                         | ER EXTRA         |    | BASIC FEE           | 370.00                 | OR    | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 2 6 minus 20= |                               | *                            |                  |    | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   | 9 minus 3 =   |                               | •                            |                  |    | X42=                |                        | OR    | X84=                |                        |  |
| MU  | LTIPLE DEPEN   | DENT CLAIM PF                             | RESENT        |                               |                              |                  |    | +140=               |                        | OR    | +280=               |                        |  |
| * If the difference in column 1 is less than zero,                                    |  |   |               |                               | r "0" in c                   | olumn 2          |    | TOTAL               |                        | OR    | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  /-3/-06 (Column 1) (Column 2) (Column 3)                 |  |   |               |                               |                              |                  |    | SMALL E             | NTITY                  | OR    | OTHER<br>SMALL I    |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | • 26                                      | Minus         | * 2                           | 6                            | = /              |    | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
|   | Independent  | • 7                                       | Minus         | *** 9                         | <del>)</del>                 | =/               |    | X42=                |                        | OR    | X84=                |                        |  |
| Ш   | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEI   | PENDEN                        | CLAIM                        | <del>/  - </del> | J  | +140=               |                        | OR    | +280=               |                        |  |
|   |  |   |               |                               |                              |                  |    | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |               |                               |                              |                  |    |                     |                        |       |                     |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus         | **                            |                              | =                |    | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
|   | Independent  | *   | Minus         | ***                           |                              |                  |    | X42=                |                        | OR    | X84=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |               |                               |                              |                  | J  | +140=               |                        | OR    | +280=               |                        |  |
|   |  |   |               |                               |                              |                  |    | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |               |                               |                              |                  |    |                     |                        |       |                     |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus         | **                            |                              | =                |    | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
|   | Independent  | *   | Minus         | ***                           |                              | -                | 11 | X42=                |                        | OR    | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |               |                               |                              |                  |    | +140=               |                        |       | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |               |                               |                              |                  |    |                     | OR                     | TOTAL |                     |                        |  |
| 904   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** ADDIT. FEE  *** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |               |                               |                              |                  |    |                     |                        |       |                     |                        |  |